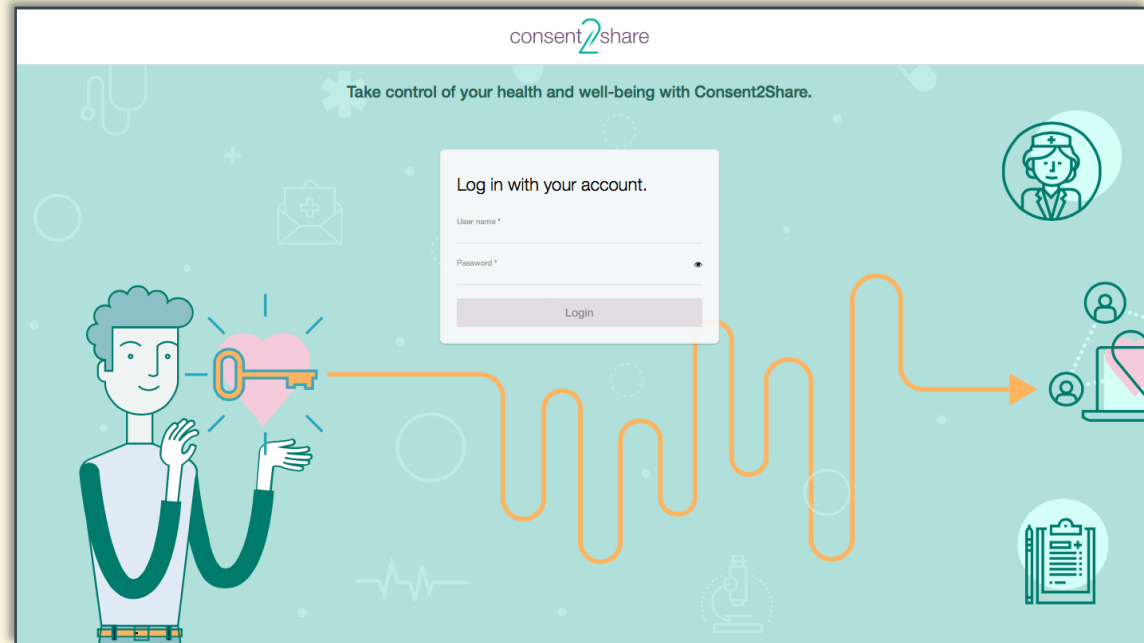
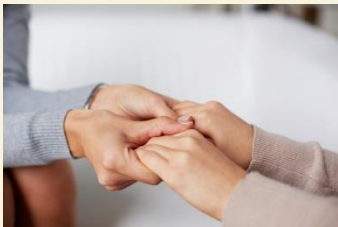



Consent2Share V3.4.0 Patient User Guide



About Consent2Share



- A secure website that provides you with 24-hour access to your personal health record
- Accessible anywhere using an internet connection
- Puts you in charge of your own health information
- Allows you to share your health records with providers
- Allows you to choose what you wish to share and not share
- Allows you to create electronic consents for your choices
- Allows you to revoke your prior electronic consents

About This Patient User Guide



Section 1: Log in to Consent2Share

Section 2: Add providers to your account

Section 3: Create consents

Section 4: Provide eConsent

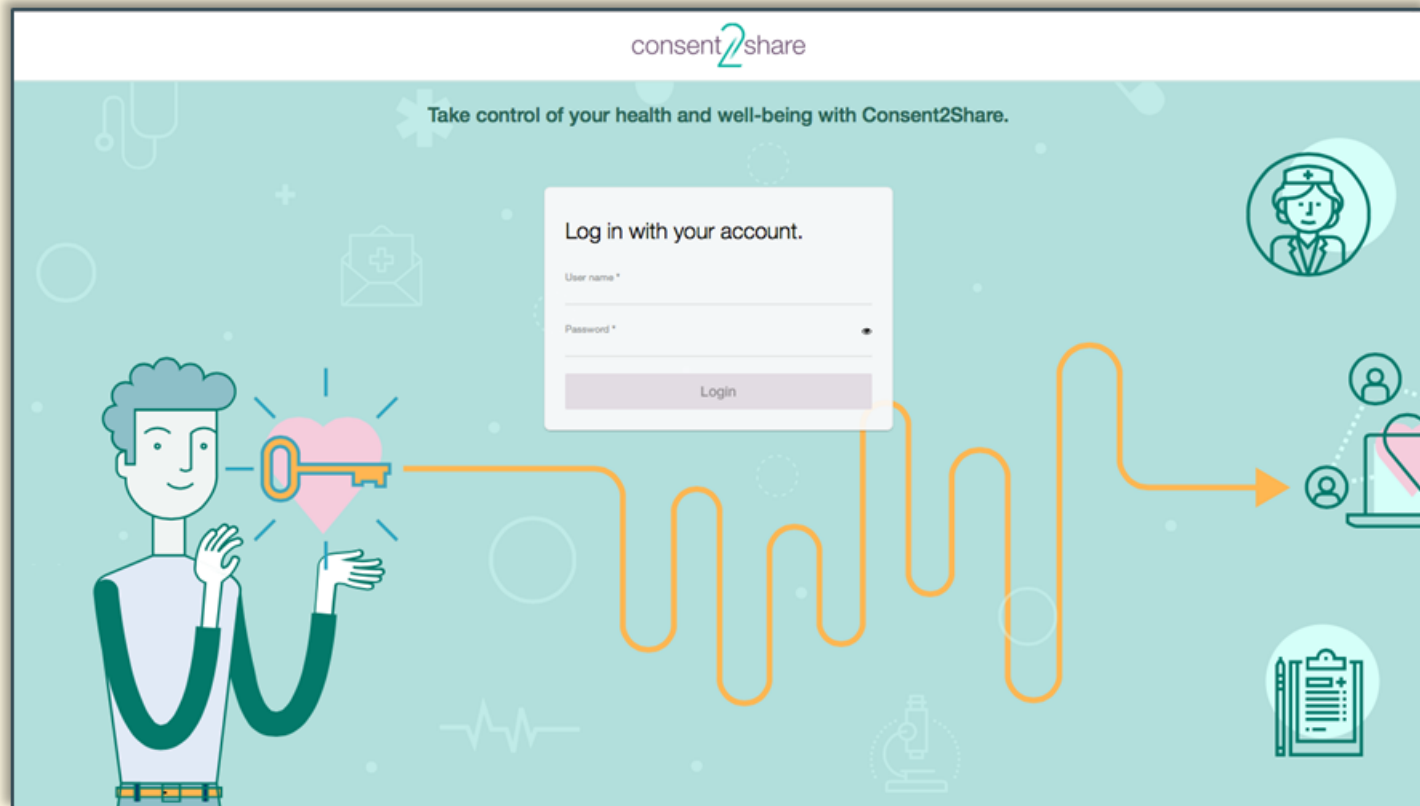
Section 5: Revoke your consent

Section 6: Use the Try My Policy feature

Section 7: Upload Medical Documents

Section 8: View Health Information

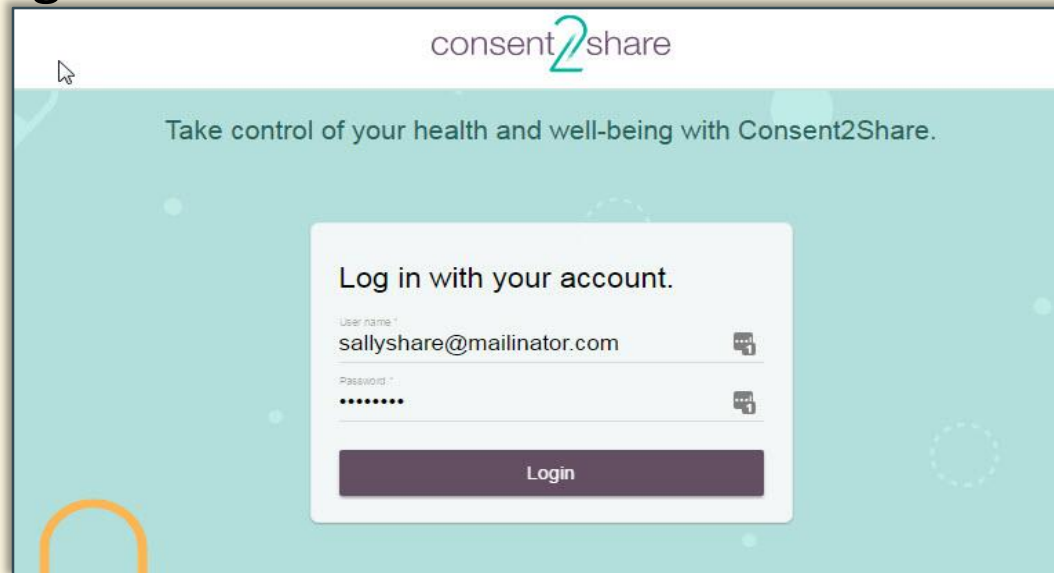
Section 1: Log in to Consent2Share



Enter Consent2Share

At the Consent2Share home page:

- Enter the default patient account
- Username sallyshare@mailinator.com and Password !Password123
- Click the Login button

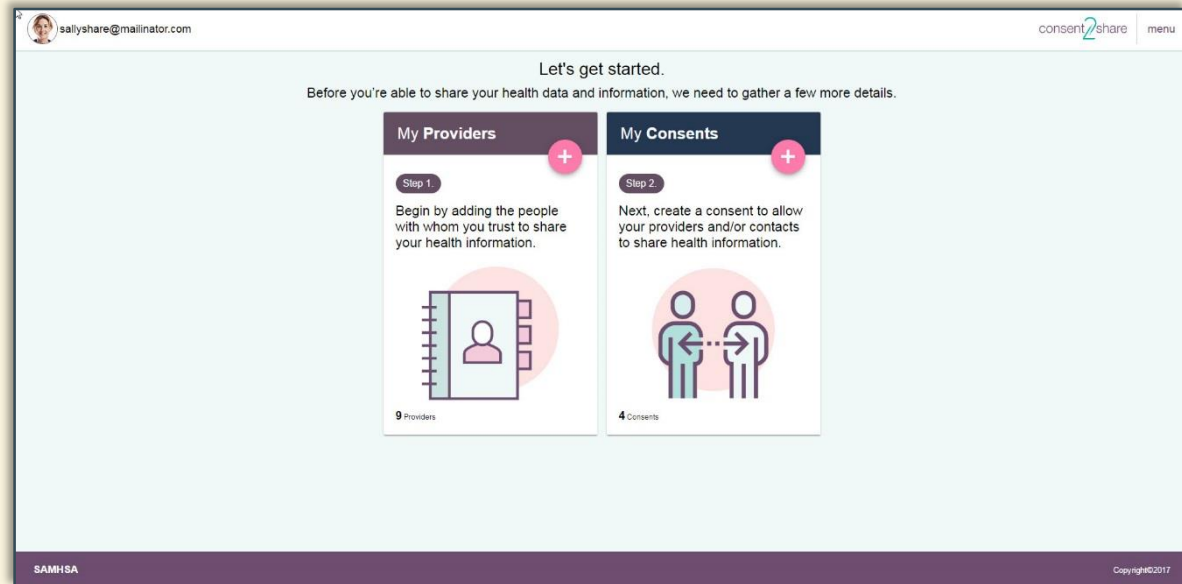


The screenshot shows the Consent2Share login interface. At the top, the logo "consent2share" is displayed. Below it, a teal banner contains the text "Take control of your health and well-being with Consent2Share." The main content is a white login form with the heading "Log in with your account." It includes a "User name" field with the text "sallyshare@mailinator.com" and a "Password" field with masked characters. A dark purple "Login" button is positioned at the bottom of the form. The background of the page is light teal with decorative elements like a mouse cursor icon and a partial orange shape at the bottom left.

Your Consent2Share Home Page

Your Home Page has links to:

- Consents
- Providers



Section 2: Add Providers to Your Account



- You will likely have multiple health care providers
- These can include primary care, mental health, addiction treatment, and specialty providers such as dermatologists
- Consent2Share enables you to share all or part of your health information with your providers
- Thus, a first step is to add providers to your account
- On the home page, click on the Providers tab and search for your provider

Add First Provider

First, select the Provider menu and click the Add a Health Provider button

The screenshot displays the 'My Providers' section of the consent2share application. At the top left, the user's name 'Sally Share' is visible. In the top right corner, the 'consent2share' logo and 'Eng' are present. A dropdown menu is open, showing 'Home', 'Providers', 'Consents', and 'Logout', with 'Providers' highlighted by a red arrow. Below the header, a dark blue banner contains the message: 'OK! You must add at least two contacts before sharing your health information.' A green button labeled '+ Add a Health Provider' is centered below the banner, also highlighted by a red arrow. To the left of the button, there are three icons representing different views: a list, a calendar, and a person. Below these icons, the text 'Show List by' is visible. The main content area shows a list of providers, with the first page of results displayed. The providers listed are:

Provider Name	NPI	Address	Contact Number
VOICETRAINER, LLC	1003066739	1701 PENNSYLVANIA AVE NW, SUITE 300, WASHINGTON, DC, 20006-5805	(202) 580-6646
DENTAL DREAMS PLLC	1003166182	3925 MINNESOTA AVE NE, WASHINGTON, DC, 20019-2662	(312) 274-4526
CAPITAL AREA MEDICAL NUTRITION ASSOCIATES PLLC	1003173865	1426 9TH ST NW, WASHINGTON, DC, 20001-3330	(202) 280-7523
AMANDA BRADLEY JOHNSON	1023382264	1328 W ST SE, WASHINGTON, DC, 20020-5718	(202) 610-7160
BARBARA KNOWLES JOHNSON	1275598609	5505 5TH ST NW, STE 403, WASHINGTON, DC, 20011-6513	(202) 726-1699
DARA JOHNSON	1275693715	111 MICHIGAN AVE NW, WASHINGTON, DC, 20010-2916	(202) 476-2327

Search for the First Provider

On the Providers page, search for your provider

Sally Share consent2share English Menu

Search Providers

Search

1 Step 1. Please enter the provider State and City OR Zip Code.

Please choose one.

Please choose one. OR

2 Step 2. Please enter the provider Facility Name OR Provider Name and Other Criteria.

PLEASE CHOOSE ONE.

Enter Provider Name and Other Criteria OR

Clear All Search

Select Desired Providers from the List

- From the Search Results, select the desired Providers by clicking Add this Provider. Selected providers will appear on the right-hand side
- Click the Add to Provider List button to confirm the selection
- Note: At least two providers are needed to create a consent

The screenshot displays the 'Search Providers' interface. At the top, the user 'Sally Share' is logged in. The search bar contains the text 'Search'. Below the search bar, there are two main panels. The left panel, titled 'Please choose one.', shows a list of providers with a pagination control (1-49). The right panel, titled 'Selections to add', contains a table with columns for NPI and Name/Facility, and an 'Add to Provider List' button.

NPI	Name/Facility
1003066739	VOICETRAINER, LLC
1003173865	CAPITAL AREA MEDICAL NUTRITION ASSOCIATES PLLC
1003166182	DENTAL DREAMS PLLC

Section 3: Create Consents

Now that you have added your providers, you can provide consent to have the providers view your medical records

The screenshot shows a web interface for creating a consent form. At the top left, the user's name "Sally Share" is displayed next to a profile picture. At the top right, the text "consent2share" is visible, along with a language dropdown menu set to "English" and a "Menu" button. Below the header, the text "I, Sally Share, hereby authorize..." is followed by a large teal bar with the heading "Select Providers". Under this heading, there are two empty text input boxes: "The following individual or organization" and "To disclose my information to". Below this is another teal bar with the heading "Medical Information". Underneath, it says "Select how you would like to share your medical information." and provides two radio button options: "SHARE my medical record WITHOUT ANY EXCEPTION of medical information categories." and "SHARE my medical record WITH EXCEPTION of specific medical information categories." The next teal bar is titled "Purpose Of Use" and contains the instruction "Choose for what purposes your medical information may be used." Below this, it says "SHARE my medical record ONLY for the selected purposes of use." with an "Edit" button. A checkbox labeled "Treatment" is checked. The final teal bar is titled "Consent Terms" and contains the instruction "Enter a start and end date during which your medical records will be shared." Below this, there are two date pickers: "Start Date: 05/9/2017" and "End Date: 05/9/2018".

Consent, Sharing Data, and Time Limits



On the Create Consent page:

- You can choose to share all or parts of your health records
- You can choose the reason for sharing your health records
- You can also decide how long you would like your records to be shared with this provider
- The following page illustrates how to make these choices

Create a Consent Page

- From the Consents menu, click on Add a consent
- Enter the information required in Authorize, Medical Information, Purpose Of Use and Consent Term

The screenshot shows a web interface for creating a consent page. At the top, the user is identified as 'Sally Share' and the system is 'consent2share' in 'English'. The main heading is 'I, Sally Share, hereby authorize...'. Below this, there are four sections:

- Select Providers:** A section with two input fields. The first is labeled 'The following individual or organization' and the second is 'To disclose my information to'.
- Medical Information:** A section with the instruction 'Select how you would like to share your medical information.' and two radio button options: 'SHARE my medical record WITHOUT ANY EXCEPTION of medical information categories.' and 'SHARE my medical record WITH EXCEPTION of specific medical information categories.'
- Purpose Of Use:** A section with the instruction 'Choose for what purposes your medical information may be used.' and a heading 'SHARE my medical record ONLY for the selected purposes of use.' with an 'Edit' button. A 'Treatment' checkbox is checked.
- Consent Terms:** A section with the instruction 'Enter a start and end date during which your medical records will be shared.' and two date pickers: 'Start Date: 05/9/2017' and 'End Date: 05/9/2018'.

Save Consent

After selecting your terms for the consent, click the Save button, which takes you the List Consents Page

The screenshot displays a web-based consent form for Sally Share. The form is titled "I, Sally Share, hereby authorize..." and is divided into several sections:

- Select Providers:** This section is split into two columns. The left column is labeled "The following individual or organization" and contains the name "AMANDA BRADLEY JOHNSON". The right column is labeled "To disclose my information to" and contains "DENTAL DREAMS PLLC".
- Medical Information:** This section asks the user to select how they would like to share their medical information. Two options are provided: "SHARE my medical record WITHOUT ANY EXCEPTION of medical information categories." (selected) and "SHARE my medical record WITH EXCEPTION of specific medical information categories.". Below these options are six categories of information, each with a lock icon: "Drug use information", "HIV/AIDS information", "Mental health information", "Sexuality and reproductive health information", "Alcohol use and Alcoholism information", and "Communicable disease information".
- Purpose Of Use:** This section asks the user to choose for what purposes their medical information may be used. The text says "SHARE my medical record ONLY for the selected purposes of use." followed by an "Edit" button. The "Treatment" option is selected.
- Consent Terms:** This section asks the user to enter a start and end date during which their medical records will be shared. The "Start Date" is set to "05/9/2017" and the "End Date" is set to "05/9/2018".

At the bottom right of the form, there are two buttons: "Cancel" and "Save". A red arrow points to the "Save" button.

Section 4: Provide eConsent

- This page shows the status of all the consents created
- Clicking on the green Manage Consents button opens up pop-up window to help you manage your consent

The screenshot displays a user interface for managing e-consents. At the top left, the user's name 'Sally Share' is shown next to a profile picture. At the top right, the logo 'consent2share' is visible along with a language dropdown set to 'English' and a 'Menu' button. The main heading is 'My Consents'. Below this is a teal button labeled '+ Add a Consent'. A pagination control shows '« Previous 1 Next »'. The main content area is a light blue card with three columns: 'Authorized to share' (DENTAL DREAMS PLLC, AMANDA BRADLEY JOHNSON), 'Sharing with:' (DENTAL DREAMS PLLC, AMANDA BRADLEY JOHNSON), and 'Effective Dates:' (May 9, 2017 - May 9, 2018). Below the card, the 'Consent State:' is shown as 'SIGNED' with a checkmark icon and a red arrow pointing to it. A 'Manage Consents' button is located on the right side of the card. A second pagination control '« Previous 1 Next »' is at the bottom.

Provide Electronic Consent

You can do so by checking the Attestation Box shown on the following page

Sally Share consent2share English Menu

Consent to Share My Medical Information

Consent Reference Number: 6
Patient Name: Sally Share Patient COB: Dec 31, 1979

AUTHORIZATION TO DISCLOSE

Authorizes:

Provider Name	NPI Number	Phone	Address
BARBARA KNOWLES JOHNSON	1275598609	2027201699	5505 5TH ST NW STE 403, WASHINGTON, DC, 20011-6513

To disclose to:

Provider Name	NPI Number	Phone	Address
VOICETRAINER, LLC	1003086730	2025806646	1701 PENNSYLVANIA AVE NW SUITE 300, WASHINGTON, DC, 20006-5505

HEALTH INFORMATION TO BE DISCLOSED

To SHARE the following medical information:

- Communicable disease information
- Drug use information
- Alcohol use and Alcoholism Information
- Mental health information
- Sexuality and reproductive health information
- HIV/AIDS information

To SHARE for the following purpose(s):

- Treatment

CONSENT TERMS

I, Sally Share, understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and cannot be disclosed without my written permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

Effective Date May 9, 2017: I, Sally Share, hereby accept, and understand the terms of this consent. Expiration Date May 9, 2018:

I, Sally Share, hereby accept, and understand the terms of this consent.

Cancel Complete

Choose eSignature Option



- From the List Consents Page, click on Manage Consents
- From the Consent Options pop-up window, select Provide eSignature
- That will bring you to the Consent to Share My Medical Information Page

Create a Consent by Providing eSignature

After you click the Complete button after authenticating, you have created a consent by electronically signing it. You will receive a pop-up consent success notice.

The screenshot shows a web application interface for creating a consent. The user is Sally Share. The page title is "Consent to Share My Medical Information". The consent reference number is 8, and the patient's date of birth is Dec 31, 1979. The form is titled "AUTHORIZATION TO DISCLOSE" and lists the following information:

Authorizes:	Provider Name	NPI Number	Phone	Address
BARBARA NYOWLES JOHNSON	1275968009	2027291999	5505 5TH ST NW STE 403	WASHINGTON, DC 20011-6513

To disclose to:	Provider Name	NPI Number	Phone	Address
VOICETRAINER, LLC	1003066739	2025909648	1701 PENNSYLVANIA AVE NW SUITE 300	WASHINGTON, DC 20006-5802

The form also includes sections for "HEALTH INFORMATION TO BE DISCLOSED" (Communicable disease information, Drug use information, Alcohol use and Alcoholism Information, Mental health information, Sexuality and reproductive health information, HIV/AIDS information) and "CONSENT TERMS". The consent is effective from May 9, 2017, and expires on May 9, 2018. A success pop-up is displayed over the form, stating "Success in created Signed Consent" and providing buttons for "Download Signed Consent" and "Continue".

Section 5: Revoke Your Consent

- Once you have created a consent, you can revoke the consent
- At the Home Page, Select Consents on the left hand side
- A Consent Options pop-up box will open
- Select Revocation



Sign Consent Revocation

- After you select Revocation, a Revoke Consent Page will open
- To revoke your consent, click the attestation check box as shown



sallyshare@mailinator.com

consent2share | menu

Revocation of Consent to Participate in Health Information Exchange

Consent Reference Number: 1

Patient Name: **sally share** Patient DOB: **01/01/2017**

I have previously signed a patient consent form allowing my providers to access my electronic health records through the Consent2Share system and now want to withdraw that consent. If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient. By withdrawing my Consent, I understand that: 1. I Deny Consent for all Participants to access my electronic health information through Consent2Share for any purpose, EXCEPT in a medical emergency. 2. Health care provider and health insurers that I am enrolled with will no longer be able to access health information about me through Consent2Share, except in an emergency. 3. The Withdrawal of Consent will not affect the exchange of my health information while my Consent was in effect. 4. No Consent2Share participating provider will deny me medical care and my insurance eligibility will not be affected based on my Withdrawal of Consent. 5. If I wish to reinstate Consent, I may do so by signing and completing a new Patient Consent form and returning it to a participating provider or payer. 6. Withdrawing my consent does not prevent my health care provider from submitting claims to my health insurer for reimbursement for services rendered to me. 7. I understand that I will get a copy of this form after I sign it.

I, Sally Share, hereby accept, and understand the terms of this consent.

Cancel **Complete**

Enter Password to Authenticate

After you click the check box on the Revoke Consent Page, authenticate by entering your account password and click the Complete button.

The screenshot shows a web interface for revoking consent. At the top left, there is a user profile for 'sallyshare@mailinator.com'. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, there are fields for 'Consent Reference Number: 1' and 'Patient Name: sally share', and 'Patient DOB: 01/01/2017'. A paragraph of text explains the revocation process. A checkbox is checked, indicating acceptance of the terms. A modal window titled 'Please Authenticate' is overlaid on the page, containing the text 'Please provide your account password to authenticate, and complete e-signature', a password input field, and 'Cancel' and 'Continue' buttons. In the background, there are 'Cancel' and 'Complete' buttons on the right side of the page.

Complete Revocation Process

- After you enter your password, the Complete button will turn green
- Click the green Complete button and your consent will be revoked



The screenshot shows a web interface for the 'consent2share' system. At the top left, there is a user profile for 'sallyshare@mailinator.com'. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, there are fields for 'Consent Reference Number: 1' and 'Patient Name: sally share', along with 'Patient DOB: 01/01/2017'. A paragraph of legal text explains the revocation process. At the bottom left, there is a checked checkbox with the text 'I, Sally Share, hereby accept, and understand the terms of this consent.' At the bottom right, there are two buttons: 'Cancel' and 'Complete'. A red arrow points to the 'Complete' button, indicating the final step in the process.

sallyshare@mailinator.com

consent2share | menu

Revocation of Consent to Participate in Health Information Exchange

Consent Reference Number: 1
Patient Name: sally share
Patient DOB: 01/01/2017

I have previously signed a patient consent form allowing my providers to access my electronic health records through the Consent2Share system and now want to withdraw that consent. If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient. By withdrawing my Consent, I understand that: 1. I Deny Consent for all Participants to access my electronic health information through Consent2Share for any purpose, EXCEPT in a medical emergency. 2. Health care provider and health insurers that I am enrolled with will no longer be able to access health information about me through Consent2Share, except in an emergency. 3. The Withdrawal of Consent will not affect the exchange of my health information while my Consent was in effect. 4. No Consent2Share participating provider will deny me medical care and my insurance eligibility will not be affected based on my Withdrawal of Consent. 5. If I wish to reinstate Consent, I may do so by signing and completing a new Patient Consent form and returning it to a participating provider or payer. 6. Withdrawing my consent does not prevent my health care provider from submitting claims to my health insurer for reimbursement for services rendered to me. 7. I understand that I will get a copy of this form after I sign it.

I, Sally Share, hereby accept, and understand the terms of this consent.

Cancel Complete

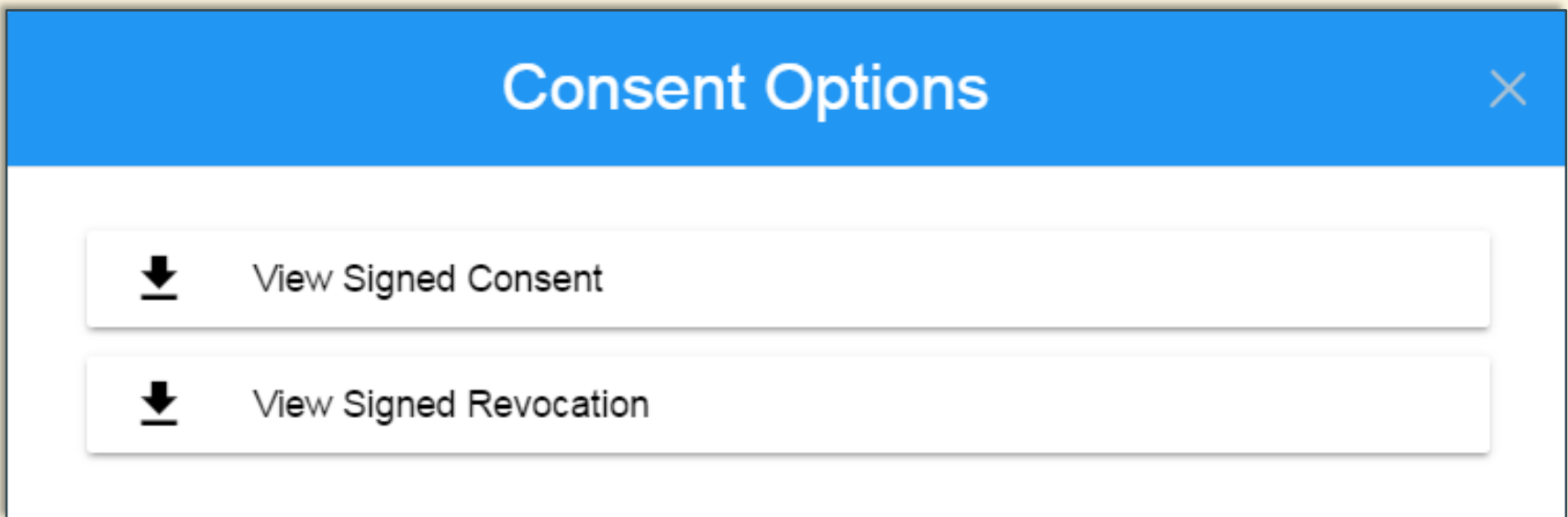
Complete Revocation Process

Revoked consent may be downloaded as a PDF by clicking Download Signed Consent Revocation

The screenshot shows the user interface for the Consent2Share system. At the top left, there is a user profile for 'sallyshare@mailinator.com'. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, there are fields for 'Consent Reference Number: 2', 'Patient Name: sally share', and 'Patient DOB: 01/01/2017'. A paragraph of text explains the revocation process. A checkbox is checked, indicating the user's acceptance of the terms. A blue modal window with the title 'Successfully Revoked Consent' is overlaid on the page. Inside this modal, a red arrow points to a button labeled 'Download Signed Consent Revocation', with another button labeled 'Continue' next to it. In the background, there are 'Cancel' and 'Complete' buttons.

Complete Revocation Process

Revoked consent may also be downloaded as a PDF by clicking Manage Consents from the Consents menu and then selecting View Signed Revocation



Section 6: Use the Try My Policy Feature



- When you decide share certain information in your health record with a provider, the Try My Policy feature allows you to preview what you are about to share and not share.
- Specifically, when you click Try My Policy, Consent2Share will generate a copy of your health records with the information that will *not be shared* highlighted in red.
- The next few slides will show you how this is accomplished.

Choose Provider

First, on your My Consents Page, click on the Manage Consents button for the relevant provider

The screenshot displays the 'My Consents' page for a 'Test Patient'. The page features a header with the patient's profile, the 'consent2share' logo, and language settings. Below the header, there is a '+ Add a Consent' button. The main content area shows a list of three consent records, each with a 'Manage Consents' button. The records are as follows:

Authorized to share	Sharing with:	Effective Dates:
SANAGA SERVICES AND CARE LLC	CAPITOL DIALYSIS, LLC	Jun 28, 2017 - Jun 28, 2018
CAPITOL DIALYSIS, LLC	SANAGA SERVICES AND CARE LLC	Jun 26, 2017 - Jun 26, 2018
VOICETRAINER, LLC	SANAGA SERVICES AND CARE LLC	Jul 6, 2017 - Jul 5, 2018

Consent State: **SIGNED** (for the first two records) / **IN PROGRESS** (for the third record)

Select Try My Consent

Next, click the Try My Consent Settings Against My Medical Record Before Sharing button

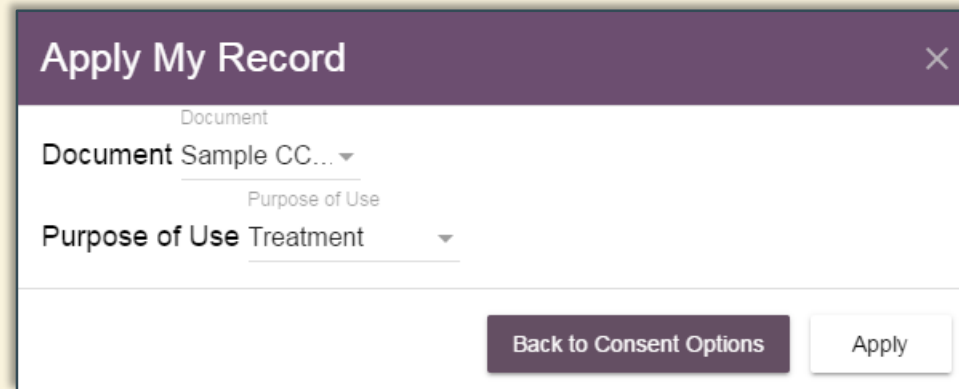


Consent Options

- Edit This Consent
- Preview This Consent
- Try My Consent Settings against My Medical Record before Sharing
- Provide eSignature
- Delete This Consent

Apply My Record Box

That will open the Apply My Record box



The screenshot shows a dialog box titled "Apply My Record" with a close button (X) in the top right corner. The dialog contains two dropdown menus. The first is labeled "Document" and has the value "Sample CC..." selected. The second is labeled "Purpose of Use" and has the value "Treatment" selected. At the bottom right of the dialog, there are two buttons: "Back to Consent Options" and "Apply".

Choose Document and Purpose of Use

- Use the Document drop-down menu to select the medical document you wish to preview your consent decisions.
- Use the Purpose of Use drop-down menu to select the purpose of use, which may be “Treatment,” “Healthcare Payment,” or “Healthcare Research.”

A screenshot of a web form titled "Apply My Record" with a close button (X) in the top right corner. The form has two sections: "Document" and "Purpose of Use". The "Document" section has a dropdown menu with "Sample CC..." selected. The "Purpose of Use" section has a dropdown menu with "Treatment" selected. At the bottom of the form, there are two buttons: "Back to Consent Options" (a dark purple button) and "Apply" (a white button with a grey border).


Disable Pop-up Blocker

- You may receive a blocked pop-up message.
- This will prevent you from using Try My Policy.
- If blocked, select the setting that allows pop-ups from this page.

The screenshot displays a web browser interface. At the top left, there is a user profile for 'Test Patient'. Below this, the page title 'My Consents' is visible. A red arrow points to a pop-up message box that has appeared. The pop-up message is titled 'about:blank' and contains two radio button options: 'Always allow pop-ups from http://c2sv3.consent2share.com' (which is selected) and 'Continue blocking pop-ups'. A 'Done' button is located at the bottom right of the pop-up. Below the pop-up, there are navigation links: '« Previous', a highlighted '1', and 'Next »'. At the bottom of the page, there is a table with three columns: 'Authorized to share' (SANAGA SERVICES AND CARE LLC), 'Sharing with:' (CAPITOL DIALYSIS, LLC), and 'Effective Dates:' (Jun 28, 2017 - Jun 28, 2018).

Authorized to share	Sharing with:	Effective Dates:
SANAGA SERVICES AND CARE LLC	CAPITOL DIALYSIS, LLC	Jun 28, 2017 - Jun 28, 2018

Red = Redacted or Not Shared



- After selecting the medical document you wish to preview and the purpose of use, a Summary of Patient Chart appears.
- Note the message informing you that items highlighted in red are marked for redaction and will not be shared.
- *Redaction* means the removal of document content, such as the health information you have chosen not to share.
- A preview of a patient chart will be shown shortly.

IMPORTANT: Per your share settings, items highlighted in Red are marked for redaction and will not be shared; they are only shown for review purposes. Always consult your doctor regarding possible risks and side effects resulting from your sharing preferences and settings.

Summary of Patient Chart

Redaction Based on Prior Choices

- In this case, the patient has selected to share her medical records with exceptions.
- She will share her drug use information and her alcohol use and alcoholism information.

Medical Information

Select how you would like to share your medical information.

SHARE my medical record **WITHOUT ANY EXCEPTION** of medical information categories.

SHARE my medical record **WITH EXCEPTION** of specific medical information categories. [Edit](#)

Drug use information Alcohol use and Alcoholism Information

Purpose Of Use

Choose for what purposes your medical information may be used.

SHARE my medical record **ONLY** for the selected purposes of use. [Edit](#)

Treatment

Prior Privacy Settings

Previously, the patient has not chosen to share other categories such as HIV/AIDS, mental health, sexuality, and communicable disease information



Privacy Settings

Sensitive Information Categories

Select the medical information that you wish to share.

Federal Categories ⓘ

- Drug use information ⓘ
- Alcohol use and Alcoholism Information ⓘ

State Categories ⓘ

- HIV/AIDS information ⓘ
- Mental health information ⓘ
- Sexuality and reproductive health information ⓘ
- Communicable disease information ⓘ

Try My Policy Chart

- This is an example of a Summary of Patient Chart generated through Try My Policy
- It is too long to be viewed on this slide
- However, you can see that some information is highlighted in red
- Red highlighted information highlighted is marked for redaction and will not be shared
- The next two slides provide viewable examples

Summary of Patient Chart

Patient	Sample Document		
Date of birth	December 19, 1950	Sex	Female
Race	White	Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: 4527 Reservoir Rd Bend, OR 97601, US Tel: +1(541)444-4444	Patient ID#	16765432.1.3.6.4.2.1.2657.1 12345678.2.16.880.1.113883.4.1
Document ID	EHRVersion2.0.1ed646e-622e-4210-946d-0140273694c		
Document Created:	July 11, 2017, 14:17		
Performer (primary care physician)	Patricia Primary, M.D. of The Doctors/Together Physician Group		
Author	Patricia Primary, M.D.		
Contact info	1004 Healthcare Drive Portland, OR 97123, US Tel: +1(503)555-1004		
Author	Generic: EHR-C-CDK-Facility 2.0.0.0.0 - C-CDK-Transform 2.0.0.0.0		
Contact info	1004 Healthcare Drive Portland, OR 97123, US Tel: +1(503)555-1004		
Next of kin	Boris Jones		
Contact info	Primary Home: 2222 Home Street Bend, OR 97601, US Tel: +1(503)555-2000		
Emergency contact	Boris Jones		
Contact info	Primary Home: 2222 Home Street Bend, OR 97601, US Tel: +1(503)555-2000		
Entered by	Ethan Elder		
Contact info	1007 Healthcare Drive Portland, OR 97123, US Tel: +1(503)555-1000		
Signed	Patricia Primary, M.D. at October 15, 2014, 10:30:26, EST		
Contact info	1004 Healthcare Drive Portland, OR 97123, US Tel: +1(503)555-1004		
Informant	William Beaker of Good Health Laboratory		
Contact info	1017 Health Drive Portland, OR 97123, US Tel: +1(503)555-1017		
Informant	Boris Jones		
Legal authenticator	Patricia Primary, M.D. Signed at October 15, 2014, 10:30:26, EST		
Contact info	1004 Healthcare Drive Portland, OR 97123, US Tel: +1(503)555-1004		
Document established by	Good Health HE		
Contact info	Work Place: 1004 Healthcare Drive Portland, OR 97123, US Tel: +1(503)555-1000		

Table of Contents

ALLERGIES AND ADVERSE REACTIONS

ICD9cm Code	Product	Generic Name	Brand Name	Dose	Form	Route	Frequency	Patient Instructions	Status	Date Started
8779	Medication	sereniti		20 mg			b.i.d.		Active	August 20, 2014
35293	Medication	Abilify		5 mg			q.d.		Active	August 20, 2014
1819	Medication	Buprenorphine		20 mg			q.d.		Active	August 20, 2014
281	Medication	Acyclovir		200 mg			q.d.		Active	August 20, 2014

PROBLEMS

Problem Name	Problem Code	Effective Dates	Problem Status
Cocaine Dependence	304.20	From: August 20, 2015 To:	Active
Alcohol Dependence	303.90	From: August 20, 2015 To:	Active
HIV Infection (asymptomatic)	042	From: August 20, 2015 To:	Active

PROCEDURES

Description	Date and Time (Range)	Status
Laparoscopic appendectomy	03 Feb 2014 09:23am-03 Feb 2014 11:15am	Completed
Electrocardiogram (12-Lead)	29 Mar 2014 09:15am	Completed
Individual Counseling For Medical Nutrition	29 Mar 2014 10:45am	Completed

RESULTS

Name	Actual Result	Date
CBC with Ordered Manual Differential panel - Blood		8/6/2012
Leukocytes in Blood by Manual count [LQNC: 804-0]	Pending	8/6/2012 11:45am

SOCIAL HISTORY

Social History Observation	Description	Dates Observed
Current Smoking Status	Unknown if ever smoked	September 16, 2012 11:45am

Vital Signs (Last Filed)

Date	Blood Pressure	Pulse	Temperature	Respiratory Rate	Height	Weight	BMI	SpO2
05/20/2014 7:36pm	120/80mmHg	80/min	37.2 C	18/min	170.2 cm	108.8 kg	37.58 kg/m2	98%

Patient Chart: Redacted Medical Info

- Since the patient did not choose to share HIV-related information, her medical information regarding HIV infection is highlighted in red.
- This information highlighted in red is marked for redaction and *will not be shared*.

PROBLEMS			
Problem Name	Problem Code	Effective Dates	Problem Status
Cocaine Dependence	304.20	From: August 30, 2015 To:	Active
Alcohol Dependence	303.90	From: August 20, 2015 To:	Active
HIV infection (symptomatic)	042	From: August 20, 2015 To:	Active

Patient Chart: Redacted Medications

- Similarly, medications not associated with drug and alcohol abuse are also highlighted in red and *will not* be shared.
- However, medications associated with drug and alcohol abuse are not highlighted in red and *will* be shared.


MEDICATIONS										
RxNorm Code	Product	Generic Name	Brand Name	Dose	Form	Route	Frequency	Patient Instructions	Status	Date Started
6779	Medication	Serentil		20 mg			b.id.		Active	August 20, 2014
352393	Medication	Abilify		5 mg			q.d.		Active	August 20, 2014
1819	Medication	Buprenorphine		20 mg			q.d.		Active	August 20, 2014
281	Medication	Acyclovir		200 mg			q.d.		Active	August 20, 2014

Section 7: Medical Documents

- Patients can upload medical documents such as C-CDA CCD, HITSP C32, and C-CDA Care Plan
- Log into Consent2Share as a patient, select the Main Menu, and Select Medical Documents from the menu list
- The Medical Documents page will display

Home
Activity History
Providers
Consents
Medical Documents
Health Information
My Profile
Logout

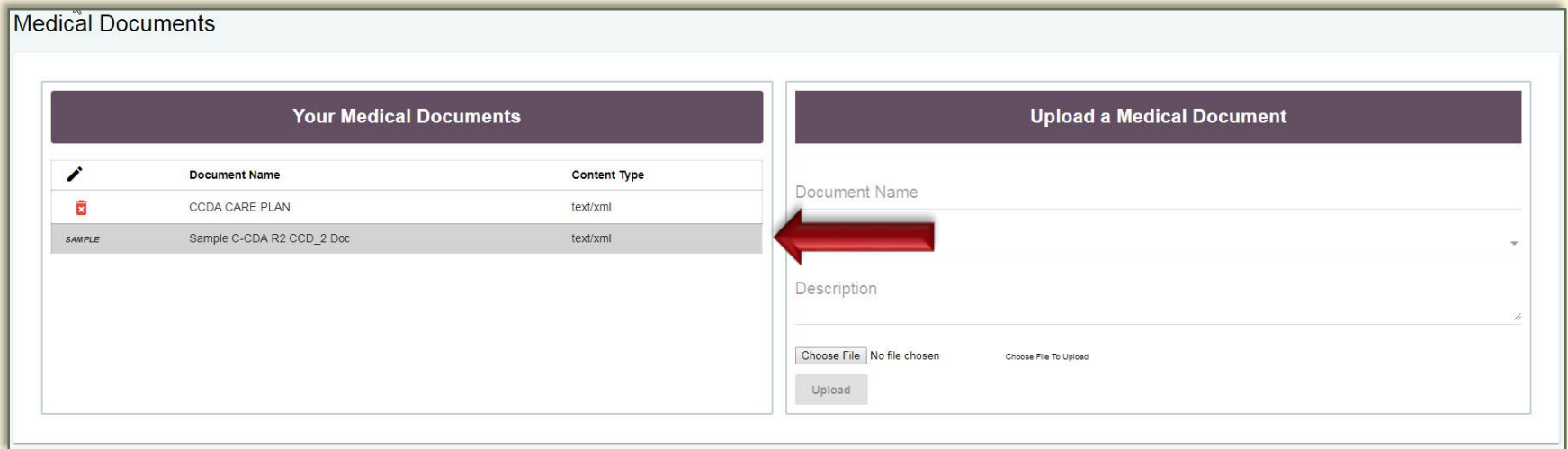
Medical Documents

Your Medical Documents		
	Document Name	Content Type
SAMPLE	Sample C-CDA R2 CCD_2 Doc	text/xml

Upload a Medical Document	
Document Name	<input type="text"/>
Document Type	<input type="text"/>
Description	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File To Upload"/>
<input type="button" value="Upload"/>	

Medical Documents

- Select the Choose File link, select the medical document to be uploaded, and select Upload
- After uploading the document, it now appears in the Your Medical Documents column of the Medical Documents Page



The screenshot displays the 'Medical Documents' interface, which is divided into two main sections: 'Your Medical Documents' and 'Upload a Medical Document'.

Your Medical Documents: This section contains a table with the following data:

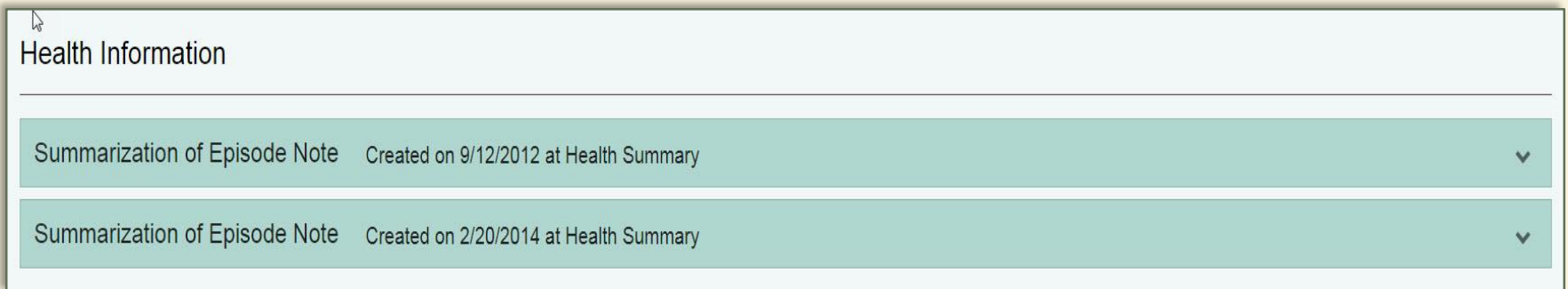
	Document Name	Content Type
	CCDA CARE PLAN	text/xml
SAMPLE	Sample C-CDA R2 CCD_2 Doc	text/xml

Upload a Medical Document: This section contains a form with the following fields and controls:

- Document Name:** A dropdown menu with a red arrow pointing to it from the left.
- Description:** A text area with a small icon in the bottom right corner.
- Choose File:** A button that currently displays 'No file chosen'.
- Choose File To Upload:** A smaller button.
- Upload:** A button at the bottom of the form.

Section 8: Health Information

- Patients can view their health information from the health information exchange (HIE)
- Once patients have has logged into Consent2Share as a patient, they can view their health information from the HIE
- Select the Main Menu and choose Health Information from the menu list
- The Health Information page opens with one or more record(s) displayed



The screenshot shows a web interface for 'Health Information'. At the top, there is a light blue header with the text 'Health Information'. Below this header is a list of two records, each displayed in a light teal box. The first record is 'Summarization of Episode Note' created on 9/12/2012 at Health Summary, with a downward arrow on the right. The second record is 'Summarization of Episode Note' created on 2/20/2014 at Health Summary, also with a downward arrow on the right.

Health Information	
Summarization of Episode Note	Created on 9/12/2012 at Health Summary
Summarization of Episode Note	Created on 2/20/2014 at Health Summary

View Health Information

- Click on the record to expand the specific record showing the patient's details for that record
- Clicking on Expand All expands all sections of the health record and clicking Collapse All collapses all sections

Health Information

Summarization of Episode Note Created on 9/12/2012 at Health Summary

[Expand All](#) [Collapse All](#) 

Patient Name: Sally Share
Gender: Female
Birthday: 5/1/1977
Address: 1357 Amber Drive, Richmond, VA, 23222, US

Provider: Nancy Nightingale
Treatment: Opioid Abuse Disorder in Treatment
Treatment Start Date: 8/6/2012
Treatment End Date: 8/13/2012

MEDICATIONS

HOSPITAL DISCHARGE MEDICATIONS

ALLERGIES, ADVERSE REACTIONS, ALERTS

ENCOUNTERS

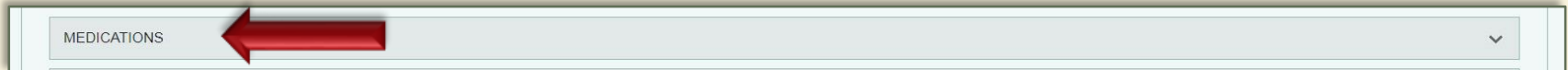
IMMUNIZATIONS

CARE PLAN

REASON FOR REFERRAL

View Health Information

Each section can be expanded by clicking the header of the section



Health Information

Summarization of Episode Note Created on 9/12/2012 at Health Summary

Expand All Collapse All

Patient Name: Sally Share
Gender: Female
Birthdate: 5/1/1977
Address: 1357 Amber Drive, Richmond, VA, 23222, US

Provider: Nancy Nightingale
Treatment: Opioid Abuse Disorder in Treatment
Treatment Start Date: 8/6/2012
Treatment End Date: 8/13/2012

MEDICATIONS

DATE	PRESCRIPTION	DIRECTIONS	STATUS	INDICATIONS	FILL INSTRUCTIONS
2/12/2016	Methadone 1mg/ml SF	3 doses, 40 ml	Active	Opioid Abuse Disorder	Packaged doses
2/12/2016	Albuterol 0.09 MG/ACTUAT inhalant solution	0.09 MG/ACTUAT inhalant solution, 2 puffs once	Active	Asthma	Generic Substitution Allowed
2/15/2016	Methadone 1mg/ml SF	2 doses, 40 ml	Active	Opioid Abuse Disorder	Packaged doses
2/17/2016	Methadone 1mg/ml SF	3 doses, 40 ml	Active	Opioid Abuse Disorder	Packaged doses
2/29/2016	Methadone 1mg/ml SF	3 doses, 40 ml	Active	Opioid Abuse Disorder	Packaged doses
3/03/2016	Methadone 1mg/ml SF	3 doses, 40 ml	Active	Opioid Abuse Disorder	Packaged doses
3/03/2016	Bupropion Hydrochloride 100 MG [Wellbutrin] Tablets	30 doses, 100 mg tablets	Active	Depressive Disorder	Generic Substitution Allowed

HOSPITAL DISCHARGE MEDICATIONS